



## Educate America, Inc. (EAI) Teen Volunteer Program Agreement

Volunteer's Name: \_\_\_\_\_

School Assigned: \_\_\_\_\_

(To be determined in the Interview)

- 
- I understand I will be serving as a Teen Volunteer for Educate America, Inc. (EAI) and will abide by the policies and expectations of dress and service of Educate America, Inc. in conjunction with the policies and procedures of Educate America, Inc. Long hair must be braided or in a ponytail. Nails must be kept neat and trimmed.
  - I understand that to participate in the EAI Teen Volunteer Program, I must attend EAI Orientation and positively respond to onsite training or guidance.
  - I agree to adhere to business casual attire appropriate for a public-school teacher, tutor or mentor and to wear my volunteer badge during the afterschool program.
  - I understand that I am committing to volunteering for the shift assigned to me. My shift may change depending on the needs of the public school where tutoring and mentoring services are conducted.
  - I agree and understand that I will volunteer the shift and area assigned to me within my role as a tutor or mentor and may be asked to perform additional responsibilities on occasion as requested. I understand that I may decline to do any task at any time if I do not feel comfortable or safe.
  - I understand that I am responsible for clocking in/out on days I volunteer using the Volunteer Prince William Galaxy application.
  - I understand that I may be asked to attend mandatory orientation or informational meetings.



## Educate America, Inc. (EAI) Teen Volunteer Program Agreement (Cont'd.)

- I understand the requirement to read the EAI Volunteer Handbook and complete mandatory orientation training (if requested), receive the seasonal flu vaccination (as recommended by your medical provider), and complete all required forms to continue as a Teen Volunteer with Educate America, Inc.
- I understand that I will be exposed to a variety of students, volunteers and staff during my volunteer experiences.
- I understand that I am volunteering to serve within the EAI Teen Volunteer Program for a period of one full school year. Educate America also plans to offer a Summer STEAM Program for which EAI Teen Volunteers may also serve as tutors or mentors during their summer break.
- I understand that my service can be terminated by me or by Educate America, Inc. if the EAI Teen Volunteer Program is not suited for me, or if I fail to follow the policies and procedures of Educate America, Inc. found in the EAI Volunteer Handbook.
- My signature below indicates that I have been informed about and understand the above information.

Volunteer's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Volunteer's Signature: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Parent/Legal Guardian Signature: \_\_\_\_\_



# Educate America, Inc. (EAI) Teen Volunteer Program – Parental Consent Form

Teen Volunteer's name: \_\_\_\_\_  
PLEASE PRINT

Age: \_\_\_\_\_

A parent/legal guardian must sign this form to grant permission for the child to participate in the EAI Teen Volunteer Program.

- I hereby permit my child to participate in the Teen Volunteer Program of Educate America, Inc. and attend all activities conducted at Prince William County Public Schools (PWCS) in Woodbridge, VA or Prince William County.
- I understand that to participate in the Teen Volunteer Program, my child must have completed all health requirements by the assigned deadline.
- In consideration of Educate America, Inc. allowing my child to participate in this Teen Volunteer Program, I hereby, for myself, my heirs, executors and administrators, agree to release, waive, discharge, covenant not to sue, hold harmless and indemnify Educate America, Inc., and their respective officers, staff members, employees, agents, directors and members, from and against any and all claims, suits or causes of action arising from or out of any injury that my child or I may suffer as a result of participation in this program, which is not a result of negligent or willful acts by Educate America, Inc., its agents or employees.
- In case of a medical emergency, I hereby permit my child to be treated at the nearest medical facility.

\_\_\_\_\_  
Parent or Legal Guardian Name {please print}

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature



## Educate America, Inc. (EAI) Teen Volunteer Program – Emergency Contact Form

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Contact #1

Name: \_\_\_\_\_  
(First Name) (Last Name)

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

### Contact #2

Name: \_\_\_\_\_  
(First Name) (Last Name)

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_



# Educate America, Inc. (EAI) Teen Volunteer Program – Immunization History and Health Clearance

Name of Applicant: \_\_\_\_\_

(First Name, Middle, Last Name)

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

*\*To the provider: Please fill in dates; the first two immunizations are required.*

<b>MMR Vaccine*</b>	1)	2)		
<b>Chicken Pox*</b> (Varicella)	1)	2)	<b>Varicella Titer</b>	<b>Results</b> + -
<b>The immunizations/tests below are Not mandatory</b>				
<b>COVID-19 Vaccine Documentation History</b>	1)	2)	3)	
<b>Rubeola Vaccine</b>	1)	2)	<b>Rubeola Titer</b>	<b>Results</b> + -
<b>Mumps Vaccine</b>	1)	2)	<b>Mumps Titer</b>	<b>Results</b> + -
<b>Rubella Vaccine</b> (German Measles)	1)	2)	<b>Rubella Titer</b>	<b>Results</b> + -
<b>Hep B</b> (Optional)	1)	2)	3)	<b>Results</b> + -
<b>Oral Polio</b>	1)	2)	3)	4)
<b>HIB</b>	1)	2)	3)	4)
<b>DPT/TD</b>	1) 2)	3) 4)	5) 6)	
<b>TB Skin Test</b>	1)	2)	<b>BAMT Blood Assay</b>	<b>Results</b> + -



## Educate America, Inc. (EAI) Teen Volunteer Program – Immunization History and Health Clearance (Cont'd.)

Applicant is cleared to participate in the Teen Volunteer Program. \_\_\_\_ YES \_\_\_\_ NO

If there are any restrictions, please list: \_\_\_\_\_

\_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practice's Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please Note:** An official immunization record may be substituted provided the information requested above is included. Said record must have either a physician/medical practitioner signature or a medical practice verification stamp. You may also be notified of additional required immunizations to participate in the Teen Volunteer Program.



## Educate America, Inc. (EAI) Teen Volunteer Program – Photography, Filming, Videotaping Consent

I (volunteer name), \_\_\_\_\_, give my permission to be photographed, filmed, and/or recorded as described below.

I give permission to use or share photos of me as described below:

A. YES \_\_\_\_\_ B. NO \_\_\_\_\_

- I understand that the photograph(s), film(s) or other recording(s) may be used for the following purposes: Internal newsletters. Social Media. and other publications.
- I understand that I may refuse to give permission. My refusal to give permission will not affect my ability to volunteer.
- I understand that I may revoke my permission in writing at any time at or before the recording, film, or image is used. Please submit your written request to: [educateboard@gmail.com](mailto:educateboard@gmail.com)
- I have read and understand this information.

\_\_\_\_\_  
Volunteer's Name (Printed)

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Name (Printed)

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date



## Educate America, Inc. (EAI) Teen Volunteer Program – Social Media Policy

Communication about Educate America, Inc. that is posted online by volunteers must be consistent with Educate America, Inc. policies and applicable laws, including laws concerning protected health information, privacy, confidentiality, copyright and trademarks. Violation of Educate America's Social Media policy may result in dismissal from our EAI Teen Volunteer Program.

### Guidelines for Personal Social Networking

When you communicate online:

**1. Follow all applicable Educate America, Inc. policies.** For example, you must maintain student privacy and never share confidential information about Educate America, Inc. You may discuss your volunteer roles or activities; however, any confidential, personally identifiable information (PII) or HIPPA information about students, other volunteers or staff violates confidentiality and is against Educate America, Inc. policies and federal law.

The HIPAA policy is the one that is most likely to get people in trouble. Everyone knows they can't mention the name of students, other volunteers or staff in their online (or other) activities. However, there is a lot of other information about students, other volunteers or staff that is considered protected health information and cannot be disclosed. The key is to remember that **anything** that could identify a patient to someone is a privacy violation.

**2. Do not identify yourself with Educate America, Inc.** if your blog, posting or other online activities are inconsistent with or would negatively impact Educate America's reputation or brand.

**3. Always respect others.** Be courteous and professional. It's all about judgment: using your online postings to degrade others isn't smart or professional.





## Educate America, Inc. (EAI) Teen Volunteer Program – Social Media Policy (Cont'd.)

4. **If you think a post might be inappropriate, it probably is.** Ask the volunteer coordinator about appropriateness if you have any questions. Remember that if you wouldn't want others from Educate America, Inc. to see your comments, don't post them online.

5. **Be a "scout" for compliments and criticism.** You are one of our most vital assets for monitoring the social media landscape. If you come across positive or negative remarks about Educate America, Inc. or our brands online that you believe are important, consider sharing them by forwarding them to your volunteer coordinator or to: [educateboard@gmail.com](mailto:educateboard@gmail.com)

6. **Be conscious when mixing your personal life with your volunteer life.** Educate America, Inc. respects the free speech rights of all its employees and volunteers, but you must remember that employees and fellow volunteers often have access to the online content you post. Remember that information originally intended just for friends and family can be forwarded.

*(Please keep this policy for future reference.)*



**Educate America, Inc. (EAI)  
Teen Volunteer Program – Social Media Policy  
(Cont'd.)**

**I have read and understand the contents of the Social Media policy and agree to adhere to the policy.**

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Name (Please Print)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Name (Please Print)